

2015 RETIREE OPEN ENROLLMENT GUIDE FOR MEDICARE-ELIGIBLE RETIREES AND SPOUSES

This year's Open Enrollment period begins on November 7, 2014 and ends December 5, 2014. During this time, you may change your health insurance coverage for calendar year 2015.





Dear Retiree:

As a City of Alexandria retiree, you and/or your Medicare-eligible dependents have an opportunity during this Open Enrollment Period to once again review the City-sponsored health insurance plan options and decide either to remain in your current plan or elect another plan option. This [*2015 RETIREE OPEN ENROLLMENT GUIDE*](#) is designed to help you choose the plan that best meets your health needs and financial resources. Please review it very carefully.

Changes to the City's Retiree Health Care Program in 2015:

- Beginning January 1, 2015, your health and life insurance payments must be made by electronic fund transfer (EFT). You must provide the City checking or savings account information so the account can be debited for your life and/or health insurance payment or your reimbursement if you are enrolled in the Health Insurance Reimbursement Program. If you currently have your health insurance premiums deducted from your VRS and/or Prudential pension check, you will be required to provide us authorization to stop those deductions. Detailed information is included in this mailing.
- The Kaiser Medicare Plus Plan has added a hearing aid benefit equal to one hearing aid per ear every 3 years up to a maximum of \$1,000 for each.
- Retirees/spouses who will become Medicare-eligible **by June 30, 2015** may enroll now in either plan with coverage beginning the first day of the month in which they become Medicare-eligible and can provide evidence of enrollment in Medicare Parts A and B.
- To maintain the current plan designs, (i.e., no annual deductibles, modest copays, etc.) in light of cuts in Medicare reimbursement, the monthly premium rates will increase effective January 1, 2015 as follows:
 - Kaiser Permanente Medicare Plus Plan will increase from \$217.55 to \$224.72
 - UHC Medicare Advantage Plan increases from \$260 to \$295

Note: Those who are eligible to receive the City's monthly health insurance subsidy of up to \$260 will be required to pay any additional premium in excess of the subsidy.

Reminders:

- Only Medicare-eligible retirees/spouses may enroll in the City-sponsored Kaiser Medicare Plus and the UHC Medicare Advantage (PPO) Plans. Medicare-eligible retirees **may not** remain enrolled in the Kaiser or UHC "Employee Plans" after they become Medicare-eligible.
- If you previously opted out of the City-sponsored plans for the Retiree Health Insurance Reimbursement Program, you may re-enroll in either of the Medicare plans during this Open Enrollment period.

The following pages provide more detail about the plans. If you have questions or need additional information, please attend one of two informational meetings to meet with the Benefits staff, Kaiser and UHC representatives.

Dates and locations are included in the [GUIDE](#). Contact information for the Benefits staff is also included in the [GUIDE](#).

If you decide to change your insurance coverage, you must submit your election form so it is received by the Human Resources Department-Benefits Team **no later than December 5, 2014. Late submissions will not be accepted.** We ask that **all retirees** return their completed forms to ensure we have sufficient time to process your enrollment and update our records. Enrollment packages will be available at the informational meetings as well as from the Human Resources Department in City Hall.

We wish you a Healthy and Prosperous New Year.

Sincerely,

A handwritten signature in black ink, appearing to read "William S. Mitchell". The signature is fluid and cursive, with the first name "William" and last name "Mitchell" being clearly legible despite the stylized script.

William Mitchell, IPMA-CP
Acting Director, Human Resources Department

Open Enrollment Guide

Frequently Asked Questions

<p><i>I will become Medicare-eligible in March 2015. What do I need to do now?</i></p>	<ul style="list-style-type: none"> <input type="checkbox"/> Since January 1, 2014, all Medicare-eligible City retirees (those 65 and older) are no longer permitted to remain in a City “employee plan” and must enroll in one of two City-sponsored Medicare plans of their choosing or the reimbursement program. Medicare-eligible retirees and spouses may select Kaiser, UHC or any other plan of their choice and receive reimbursement up to \$260 per month by the City.
<p><i>What should I do first?</i></p>	<ul style="list-style-type: none"> <input type="checkbox"/> Read about the Kaiser Medicare Plus and UHC Medicare Advantage PPO Plans in the plan summaries on pages 10-12. <input type="checkbox"/> Review the rate comparison chart on page 9. <input type="checkbox"/> If you still have questions or are unsure about what to choose: <ul style="list-style-type: none"> ○ Attend one of the two informational sessions provided by the City (a list of the dates, times and locations is contained on page 6.) ○ Contact the Benefits staff at 703-746-3785. ○ You may also want to explore the marketplace for coverage options available to those who are Medicare-eligible. The cost for coverage you purchase will be reimbursed by the City up to \$260 per month. Some places to begin shopping are: <ul style="list-style-type: none"> ▪ www.medicare.gov ▪ www.healthcare.gov ▪ www.aarp.org
<p><i>If I want to make a change, what benefit plan choices can I make during Open Enrollment?</i></p>	<p><u>Health Insurance Plans:</u></p> <p>Three options are available to Medicare-eligible retirees/spouses in 2015:</p> <ol style="list-style-type: none"> 1. Kaiser Medicare Plus Plan 2. United Healthcare Medicare Advantage (PPO) 3. Coverage under any other health plan of your choice. Expenses will be reimbursed by the City for up to \$260 per month for either you or your spouse. <p><i>Note: Medicare-eligible retirees and spouses may not continue in the Kaiser or UHC “employee plans.” These are the only options available to City of Alexandria retirees who are Medicare-eligible.</i></p>

<p><i>How do I cover my Spouse?</i></p>	<ul style="list-style-type: none"> <input type="checkbox"/> Each eligible individual is enrolled separately in the plan of his/her choice. <input type="checkbox"/> The City pays for (or reimburses) up to \$260 for either the retiree or the spouse but not both. <input type="checkbox"/> If you and/or your spouse enroll in Kaiser or UHC, the City pays the monthly premium directly to the carrier for the oldest, eligible enrollee only. <input type="checkbox"/> If you elect the UHC Medicare Advantage Plan, the City will debit your account \$35.00 per month to cover the difference between the \$295.00 premium and the \$260 maximum City reimbursement. <input type="checkbox"/> All premiums for the younger individual (whether Kaiser, UHC or another plan of your choice) are the responsibility of the retiree and must be paid directly to the health care provider chosen. <p>If both you and your spouse elect a plan other than the City-sponsored plans, Kaiser or UHC, your costs up to \$260 will be reimbursed on a monthly basis. Details are included in this mailing.</p>
<p><i>May I enroll my same-sex spouse or domestic partner in one of the City-sponsored Medicare plans?</i></p>	<p>Yes. You will be required to provide the following to the City's Human Resources Department: A marriage certificate or a City of Alexandria Affidavit for Domestic Partnership Form. More information can be found here: http://1.usa.gov/1eZNo2l</p>
<p><i>Do I need to remain enrolled in Medicare Parts A & B if enrolled in the Kaiser or UHC Medicare Advantage Plans?</i></p>	<p>Yes. Both you and your spouse must maintain Medicare Part A and B while enrolled in the Kaiser Medicare Plus or UHC Medicare Advantage Plans. If you are covered by another employer's plan, e.g., you are enrolled on your spouse's employer-provided plan; you may be able to defer Part B. Contact Medicare at (1-800-MEDICARE or go to www.medicare.gov)</p>
<p><i>Do I have to complete the Enrollment Form?</i></p>	<p>Yes. The Benefits Team asks that <u>all</u> retirees and spouses return their Enrollment Forms. We want to be certain that we have reached every eligible participant. Before returning the Enrollment Form, please update your contact information including your email address.</p>
<p><i>What do I do to change my health insurance plan?</i></p>	<p><u>Open Enrollment is November 7, 2014 through December 5, 2014.</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> If you decide to change your and/or your spouse's plan, complete the enrollment form (included in this packet on page 16). <input type="checkbox"/> On the Enrollment Form, please check the plan of your choice: <ul style="list-style-type: none"> <input type="checkbox"/> Kaiser Medicare Plus <input type="checkbox"/> UnitedHealthcare Medicare Advantage (PPO) <input type="checkbox"/> City of Alexandria Reimbursement Plan <input type="checkbox"/> Enrollment forms must be delivered to Human Resources no later than 4:30 pm on Friday, December 5th or post marked December 5th so it is processed on time. <input type="checkbox"/> Enrollment forms can be submitted in-person or mailed to the address listed below: <p style="margin-left: 40px;">City of Alexandria Human Resources Department 301 King Street, Room 2510 Alexandria, VA 22314 Attn: Benefits Team</p>

<i>What do I do if I want to enroll in a plan other than the City-sponsored Kaiser or UHC Medicare Plans?</i>	If you enroll as an individual, or you and your spouse both enroll in plans other than those offered by the City, you will need to enroll in the City's Health Insurance Reimbursement Program. Complete the enclosed Enrollment Form and elect the Reimbursement Program option. When your Enrollment Form is received, the Benefits staff will mail you the information you need to be reimbursed monthly for up to \$260 per month in health care expenses for either you or your spouse.
<i>What happens after I submit my enrollment?</i>	If you elect either of the City-sponsored Kaiser or UHC plans and you are not already enrolled in that Medicare Plan, you will be mailed an enrollment kit. Be sure to immediately complete and return the enrollment materials to ensure your enrollment is processed promptly by Kaiser or UHC.
<i>When am I eligible to enroll in Medicare Part B?</i>	<p>For most individuals, the Initial Enrollment Period (IEP) begins 3 months before and ends 3 months after the individual attains age 65. However, if you did not enroll during the IEP, the General Enrollment Period (GEP) takes place from January 1 through March 31 of each year and becomes effective July 1 of that same year.</p> <p>Please note penalties may be incurred if you miss your IEP. Please contact your local CMS office for more details.</p> <p>For details regarding special enrollment periods, click this link: http://www.cms.gov/Medicare/Eligibility-and-Enrollment/OrigMedicarePartABEligEnrol/</p> <p>or contact your local Medicare or Centers for Medicare and Medicaid Services (CMS) offices.</p>
<i>After I enroll in the United Healthcare Medicare Advantage Plan, I understand that I may receive a letter from the Department of Health and Human Services reporting that I did not have prescription drug coverage that met Medicare's minimum standards prior to enrolling in the Medicare plan. Is that correct, and if so, what should I do?</i>	Yes, you may receive such a letter. However, if your prior health insurance coverage was through a City-sponsored health insurance plan, please contact a member of the Benefits Team at (703) 746-3785 promptly so the City can submit to the appropriate authorities a form attesting to your coverage, including a pharmacy benefit. The City's attestation will satisfy the request and you will not be subject to a late enrollment penalty.

Open Enrollment On-Site Meetings

SCHEDULE OF OPEN ENROLLMENT ON-SITE MEETINGS

Kaiser and United Healthcare representatives and the City's Benefits Team will be available to answer questions during the following scheduled meetings. Carriers will be on hand to describe plan benefits, provide samples of the fees charged for many of the most common services provided to you and answer your questions.

Wednesday, November 5th

1:00 pm to 3:00 pm

Beatley Library

5005 Duke Street, Large Conference Room
Alexandria, VA 22304

Tuesday, November 18th

10:00 am to Noon

City Hall

301 King Street, Room 2000
Alexandria, VA 22314

Common Health Insurance Terms

COMMON HEALTH INSURANCE TERMS DEFINED

Medicare: Medicare is the federal health insurance program for people who are 65 or older, certain younger people with disabilities, and people with End-Stage Renal Disease (permanent kidney failure requiring dialysis or a transplant, sometimes called ESRD).

Medicare consists of four (4) parts:

- **Medicare Part A (Hospital Insurance):** Part A covers inpatient hospital stays, care in a skilled nursing facility, hospice care, and some home health care. There is no premium for people with 40 quarters of Medicare-covered employment.
- **Medicare Part B (Medical Insurance):** Part B is optional and covers certain doctors' services, outpatient care, medical supplies, and preventive services. The cost is based on household income.
- **Medicare Part C (Medicare Advantage Plan):** A Medicare Advantage Plan is a type of Medicare health plan offered by a private company that contracts with Medicare to provide you with all your Part A and Part B benefits. Medicare Advantage Plans include Health Maintenance Organizations, Preferred Provider Organizations, Private Fee-for-Service Plans, Special Needs Plans, and Medicare Medical Savings Account Plans. If you're enrolled in a Medicare Advantage Plan, Medicare services are covered through the plan and aren't paid for under Original Medicare. Most Medicare Advantage Plans offer prescription drug coverage.
- **Medicare Part D (Prescription Drug Coverage):** Optional benefits for prescription drugs available to all people with Medicare for an additional charge. This coverage is offered by insurance companies and other private companies approved by Medicare.

Copayment (copay): This is a specific amount you pay when you receive certain covered services or prescriptions. Copayments vary depending on the plan and the service.

- **In-Network copays** are fixed amounts you pay for covered services to providers who contract with your health insurance plan and are usually less than out-of-network copays.
- **Out-of-Network copays** are fixed amounts you pay for covered services from providers who do *not* contract with your health insurance plan and are usually more than in-network copays.

Deductible: A fixed amount you pay out of pocket before a health insurance plan begins to cover your health care costs.

Emergency Room: Typically, emergency room services include all services provided when a patient visits an emergency room for an emergency condition. An emergency condition is any medical condition of recent onset and severity, including but not limited to severe pain, that would lead a prudent layperson, possessing an average knowledge of medicine and health, to believe that his or her condition, sickness, or injury is of such a nature that failure to obtain immediate medical care could result in placing the patient's health in ***serious jeopardy, serious impairment to bodily functions, or serious dysfunction of a bodily organ or part.***

Out-Of-Pocket Maximum (Costs): The most you pay in a plan year before your health insurance plan begins to pay 100% of the allowed amount. This limit never includes your premium and the design of a healthcare plan will determine if all, some, or none of your copays, deductibles, co-insurance, etc. count towards the limit.

Common Health Insurance Terms Cont'd

Premium: The fixed amount that you will pay every month for health insurance coverage.

Preventive Care: Medical care rendered not for a specific complaint, but focused on prevention and early-detection of disease. Specified by your plan, preventive care generally includes screening exams, routine preventive physical exams for adults and children, prenatal care, and vaccines (immunizations).

Primary Care Physician (PCP): A patient may be required to choose a primary care physician (PCP). A primary care physician usually serves as a patient's main healthcare provider. The PCP serves as a first point of contact for healthcare and may refer a patient to specialists for additional services.

Urgent Care: Care for an illness, injury or condition serious enough that a reasonable person would seek care right away, but not so severe as to require emergency room care.

Sources:

- <http://www.ehealthinsurance.com/health-insurance-glossary/terms-a/>
- <http://www.usa-healthinsurance.com/kaiser-permanente-glossary.html>
- <http://info.kaiserpermanente.org/html/deductibleplans/glossary.html>
- http://www.uhc.com/source4women/understanding_health_insurance/common_terms_defined.htm
- <http://www.medicare.gov/glossary/a.html>

Retiree Health Insurance

2015 HEALTH INSURANCE PREMIUM RATES FOR RETIREES

The table below lists the monthly health insurance premium rates paid by the City and retirees. There is no change in 2015 to the monthly retiree health insurance reimbursement subsidy of up to \$260.

Comparison of Premium Rates		
Plan Option	UHC Medicare Advantage Plan	Kaiser Permanente Medicare Plus Plan
Premium Per Member	\$295.00	\$224.72

UHC Summary of Benefits

Prepared Exclusively For: CITY OF ALEXANDRIA				
Product: NPPO				
EGC100911	Effective:	1/1/2015	Through	12/31/2015
This is a highlight of benefits only and is Not all inclusive of the Plan's benefits, services, limitations or exclusions.				
BENEFITS AND COVERAGE		In-Network Services		
Annual Deductible		Out-of-Network Services		
Annual Deductible				
Annual Deductible Combined for In and Out-of-Network				
Out-of-Pocket Maximum				
Annual Out-of-Pocket Maximum		\$3,400		
Annual Out-of-Pocket Max Combined for In and Out-of-Network		Yes		
Physician Services				
Primary Care Physician		\$15		
Specialist		\$15		
Emergency Department Services				
Includes Worldwide Coverage (waived if admitted to the hospital within 24 hours for the same condition)		\$50		
Urgently Needed Care				
Urgently Needed Care (Contracted Providers) (Waived if admitted to the hospital within 24 hours for the same condition).		\$15		
Urgently Needed Care (with Non-Contracted Providers) (includes Worldwide coverage - waived if admitted to the hospital within 24 hours for the same condition)		\$15		
Ambulance Services				
		\$0		
Inpatient Hospital Care				
Per Day or Per Admit		Per Admit		
Cost Share Per Admit		\$100		
Copayment per Day (INN)-	through			
(OON)-	through			
Copayment per Day (INN)-	through			
(OON)-	through			
Copayment per Day (INN)-	through			
(OON)-	through			
Skilled Nursing Facility Care				
Copayment per Day (INN)-	1 through 100	\$0		
(OON)-	1 through 100			
Copayment per Day (INN)-	through			
(OON)-	through			
Copayment per Day (INN)-	through			
(OON)-	through			
Inpatient Mental Health Care				
Per Day or Per Admit		Per Admit		
Cost Share Per Admit		\$100		
Copayment per Day (INN)-	through			
(OON)-	through			
Copayment per Day (INN)-	through			
(OON)-	through			
Copayment per Day (INN)-	through			
(OON)-	through			
Home Healthcare Agency				
Home Care Visits		\$0		
Outpatient Services (including observation, medical and surgical care)				
Outpatient Hospital Services		\$0		
Outpatient Surgery		\$0		
Physical/Speech/Occupational Therapy		\$15		
Outpatient X-ray Services		\$0		
Clinical Laboratory Services		\$0		
Chiropractic Visit (Medicare-covered)		\$15		
Podiatry Visit (Medicare-covered)		\$15		
Blood first 3 pints		\$0		
Preventive Services (Medicare-covered)				
Bone Mass Measurements		\$0		
Colorectal Screening Exams		\$0		
Annual Screening Mammograms		\$0		
Pap Smears and Pelvic Exams		\$0		
Annual Prostate Cancer Screening Exams		\$0		
Cardiovascular Screenings		\$0		
Smoking Cessation Visit		\$0		
AAA Screenings		\$0		
Diabetes Screening		\$0		
HIV Screening		\$0		
Screening and Behavioral Counseling Interventions in Primary Care to Reduce Alcohol Misuse		\$0		
Screening for Depression in Adults		\$0		
Screening for Sexually Transmitted Infections		\$0		
High Intensity Behavioral Counseling to Prevent STIs and Intensive Behavioral Therapy for Cardiovascular Disease		\$0		
Screening and Counseling for Obesity		\$0		

UHC Summary of Benefits

Prepared Exclusively For: CITY OF ALEXANDRIA		
Product: NPPO		
EGC00911	Effective: 1/1/2015	Through 12/31/2015
This is a highlight of benefits only and is Not all inclusive of the Plan's benefits, services, limitations or exclusions.		
Physical Exams		
Annual Wellness Exam and One-time Welcome-to-Medicare Exam. (Medicare-covered)	\$0	\$0
Immunizations		
(Flu, Pneumococcal, Pneumonia, and Hepatitis B Vaccines)	\$0	\$0
Durable Medical Equipment		
Durable Medical Equipment	\$0	\$0
Medical Supplies	\$0	\$0
Vision Services		
Eye Exam (Medicare-covered)	\$15	\$15
Routine Eye Exam refraction every 12 months	\$15	\$15
Routine Eyewear Materials Copayment		
Routine Eyeglasses and Contacts Combined Allowance		
Routine Eyeglasses Allowance		
Routine Contact Lenses Allowance		
Routine Eyewear Period in Months		
Hearing Services		
Routine Hearing Exam - every 12 months	\$0.00	\$0.00
Hearing Aid Allowance - includes Digital hearing aids	\$500	\$500
Benefit per ear or combined	Combined	Combined
# of Hearing Aids	999	999
Hearing Aid period in months	36	36
Chiropractic Services		
Routine Chiro Cost Share		
Number of Visits per Year		
Dental Services		
Routine Dental Plan		
Part B Drugs		
Part B drugs - immunosuppressives, anti-nausea, inhalation solutions, outpatient	\$0	\$0
Chemotherapy Drugs	\$0	\$0
Outpatient Prescription Drugs		
Part D Gap Coverage	Full Coverage	
Formulary	Standard Formulary G14	
Bonus Drug List	List U	
Standard Formulary Edits	On	
Rx Deductible		
Part D Retail		
Retail Day Supply	30	
Tier 1 Drugs	\$10	
Tier 2 Drugs	\$25	
Tier 3 Drugs	\$25	
Tier 4 Drugs	\$25	
Tier 5 Drugs		
Tier 6 Drugs		
Part D Mail Service		
Mail Order Day Supply	90	
Tier 1 Drugs	\$10	
Tier 2 Drugs	\$10	
Tier 3 Drugs	\$10	
Tier 4 Drugs	\$10	
Tier 5 Drugs		
Tier 6 Drugs		
Wellness/Clinical Programs		
Fitness	SilverSneakers	Not Included
Caregiver	Standard	Not Included
NurseLine	Included	Not Included
Treatment Decision Support	Not Included	Not Included
Access Support	Included	Not Included
Disease Management - Chronic Heart Failure (CHF)	Included	Not Included
Disease Management - Coronary Artery Disease (CAD)/Diabetes	Included	Not Included
Disease Management - End Stage Renal Disease (ESRD)	Included	Not Included
Group Retiree Case Management	Included	Not Included
Advanced Illness Care Management	Included	Not Included
Hi Health Discount Program	Included	Not Included
* Inpatient Hospital copayments are charged on a per admission or daily basis. Original Medicare hospital benefit periods do Not apply. For Inpatient Hospital, you are covered for an unlimited number of days as long as the hospital stay is medically necessary and authorized by UnitedHealthcare or contracting providers. When you are admitted to an Inpatient Hospital and then subsequently transferred to another Inpatient Hospital, you pay the copayment charged for the first hospital admission. You do Not pay a copayment for the second hospital admission; the copayment is waived.		
UnitedHealthcare Group Medicare Advantage @ plans are offered by United HealthCare Insurance Company and its affiliated companies, Medicare Advantage Organizations with a Medicare contract. Limitations, copayments and coinsurance may apply. Benefits may vary by employer group.		

Kaiser Permanente Summary of Benefits

Medicare Plus Benefits—City of Alexandria

BENEFIT	Plan A with D with Capped HA
Annual Deductible	No Annual Deductible
Annual Out-of-Pocket Maximum	\$3,400
Primary Care Physician Visits (Family Care, Internal Medicine)	\$15 copayment
Specialist	\$15 copayment
Routine Physical Exams	\$15 copayment
Diagnostic Imaging	\$0 for lab and x-ray
Therapeutic Radiology	\$15 copayment
Medicare Covered Preventive Care	\$0 copayment
Prescription Drugs	
Mail Order from Kaiser Permanente	\$10 Generic or Brand Up to 90 days maintenance
Kaiser Permanente Medical Center Rx	\$15 Generic or Brand Up to 60 days supply
Affiliated Network Pharmacy Giant, Rite Aid, Safeway, Target, Walmart	\$25 Generic or Brand Up to 60 days supply
Inpatient Hospitalization	\$100 per benefit period
Outpatient Surgery @ Surgery Center	\$0 copayment
Emergency Visits	\$50 copayment
Ambulance	\$0 copayment
Inpatient mental health	\$100 per benefit period
Outpatient mental health	\$15 copayment per visit
Inpatient chemical dependency	\$100 per benefit period
Outpatient chemical dependency	\$15 copayment per visit
Other Health Services	
Medicare Covered Chiropractic	\$15 copayment per visit
Physical and Speech Therapy	\$15 copayment per visit
Home Health, Hospice	\$0 copayment
Durable Medical Equipment	\$0 copayment
Dental discount plan (25% discount when seen by participating dentists)	\$30 examination, cleaning 2x per year
Vision hardware discounts (office visit copayment will apply)	25% off frames and lenses at Kaiser Permanente vision centers
Hearing Aids	\$0 for one hearing aid for each each every 36 months—\$1,000 max benefit

Annual Open Enrollment Notices

WOMEN'S HEALTH AND CANCER RIGHTS ACT

Do you know that your plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedema? Call a member of your Human Resources Benefits Team at 703.746.3785 for more information.

HIPAA NOTICE OF SPECIAL ENROLLMENT RIGHTS

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in one of the City-sponsored health insurance plans if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days or any longer period that applies under the plan] after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage). In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within [insert "30 days" or any longer period that applies under the plan] after the marriage, birth, adoption, or placement for adoption. To request special enrollment or obtain more information, contact the City of Alexandria Benefits Team at (703) 746-3785.

MEDICARE PART D CREDITABLE COVERAGE NOTICE:

The City is required to provide you with this Medicare notification.

Important Notice from the City of Alexandria About Your Prescription Drug Coverage and Medicare

Medicare Part D notices of creditable or non-creditable coverage must be provided to Medicare-eligible individuals prior to November 15 of each year.

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with the City of Alexandria and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

Annual Open Enrollment Notices

2. The City of Alexandria has determined that the prescription drug coverage offered by the [Insert Name of Plan] is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you are currently a Kaiser Permanente member and you decide to join a Medicare drug plan, you will be disenrolled altogether from your current Kaiser coverage. You and your covered dependents will no longer be eligible to participate in the City's health benefit.

If you are currently a United HealthCare member and you decide to join a Medicare drug plan, you will no longer be eligible for the prescription drug benefit provided by United HealthCare.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with [Insert Name of Entity] and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following November to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage...

You can contact a member of the Benefits Team at 703.746.3785.

NOTE: You will get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through the City of Alexandria changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the “Medicare & You” handbook for their telephone number) for personalized help
 - Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

October 16, 2014
City of Alexandria, Virginia
301 King Street, Suite 2510
Alexandria, VA 22314
703.746.3785

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).



2015 RETIREE BENEFITS ENROLLMENT FORM

Instructions:

- Section 1:** All Retirees
Please review your personal data and update this form as needed.
- Section 2:** This section should be completed only by retirees who became Medicare-Eligible prior to January 1, 2015

If you are satisfied with your current health insurance plan and it is properly recorded below, please leave this section blank. However, if you are interested in enrolling in another plan option beginning January 1, 2015, please check the box of the plan below under Selected Plan for 2015 section and a Benefits Team member will promptly forward the appropriate enrollment materials to you.

The plan you select will be your health plan for calendar year 2015.

- Section 3:** Please print, sign and date the form below and mail your completed form in the self-addressed envelope provided for your convenience.

IMPORTANT: You must mail this form back to Human Resources even if you make no changes to your personal data or your health plan carrier.

Section 1: Below is the contact information the Benefits staff has on file. Please correct any inaccurate data and fill in any missing data in the corrected data column of this form.

	Current Data	Corrected Data
Name		
Address		
Home Phone		
Cell Phone		
Fax		
Email Address		
Date of Birth		
Spouse's Name		
Spouse's DOB		

Section 2: Healthcare Plan Selection

Current Plan		Selected Plan for 2015
Current Tier		<input type="checkbox"/> Kaiser Medicare Advantage Plan
		<input type="checkbox"/> United Healthcare Medicare Advantage PPO
		<input type="checkbox"/> City of Alexandria Insurance Reimbursement Plan

Print Name

Signature

Date

We would appreciate your comments on the clarity of this enrollment package, the City's healthcare offerings to Medicare eligible retirees and any other suggestions or comments that you think might benefit the City's retirees. You may contact us via email at humanresources@alexandriava.gov or by phone: 703-746-3785.